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MARGIN RESERVED FOR BINDING

N. B.—WRITE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State File No. <u>41874</u>		Registered No. <u>74</u>	
County <u>Yuma</u> State <u>Arizona</u>				Township <u>Yuma</u> or Village <u>Yuma</u>		City <u>Yuma</u> or Ward <u>Yuma General Hospital</u>	
(If death occurred in hospital or institution, give its NAME instead of street and number)				Length of residence in city or town where death occurred <u>3</u> yrs. <u>0</u> mos. <u>0</u> ds. How long in U. S. if of foreign birth? <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.			
2. FULL NAME <u>Charles B. Crompton</u>				(a) Residence: No. <u>Somerton Arizona</u>		(Usual place of abode) (If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word) <u>married</u>		21. DATE OF DEATH (month, day, and year) <u>May 11</u> , 19 <u>32</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Etta Crompton</u>		6. DATE OF BIRTH (month, day, and year) <u>3/18/79</u>		7. AGE Years <u>52</u> Months <u>4</u> Days <u>11</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>4-5-32</u> to <u>May 10</u> , 19 <u>32</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>		10. Date deceased last worked at this occupation (month and year) <u>May 10, 1932</u>		11. Total time (years) spent in this occupation <u>32</u>	
12. BIRTHPLACE (city or town) (State or country) <u>Oklahoma</u>		13. NAME <u>William Crompton</u>		14. BIRTHPLACE (city or town) (State or country) <u>Oklahoma</u>		15. MAIDEN NAME <u>Carolina Weber</u>	
16. BIRTHPLACE (city or town) (State or country) <u>Texas</u>		17. INFORMANT <u>Aspolinson</u>		18. BIRTHPLACE (city or town) (State or country) <u>Yuma Arizona</u>		19. UNDERTAKER <u>Aspolinson</u>	
20. Filed <u>May 12, 1932</u>		21. Signed <u>Chester L. Williams</u> , M. D.		22. (Address) <u>Yuma, Ariz. Post 1406</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>132</u>	
24. Where did injury occur? <u>132</u>		25. Specify whether injury occurred in industry, in home, or in public place. <u>132</u>		26. Manner of injury <u>132</u>		27. Nature of injury <u>132</u>	
28. Was disease or injury in any way related to occupation of deceased?		29. If so, specify <u>132</u>		30. (Signed) <u>Chester L. Williams</u> , M. D.		31. (Address) <u>Yuma, Ariz. Post 1406</u>	